

WERC-5S
INT/ARB
09/03

STATE OF WISCONSIN
WISCONSIN EMPLOYMENT RELATIONS COMMISSION
P.O. Box 7870, Madison, WI 53707-7870
(608) 266-1381

STIPULATION FOR ARBITRATION
PURSUANT TO SECTION 111.70(4)(cm)6, WIS. STATS.

In the Matter of the Stipulation to Initiate
Arbitration Between

_____ and _____

**THE FILING FEE FOR INTEREST
ARBITRATION IS \$500 SPLIT
EQUALLY BETWEEN BOTH
PARTIES. PROCESSING BEGINS
WHEN A STIPULATION AND \$250
IS RECEIVED AT WHICH TIME
THE OTHER PARTY IS BILLED BY
THE COMMISSION FOR THE
REMAINING \$250.**

Submit an original **and 2 copies** of this stipulation **AND BOTH PRELIMINARY FINAL OFFERS** to the Commission. Attach additional sheets if necessary.

1. Name and address of Municipal Employer:

Principal representative:

Phone No. (_____)

2. Name and address of the Union:

Principal representative:

Phone No. (_____)

3. Description of the collective bargaining unit involved:

Approximate number of employees in unit _____

4. The parties allege that they have reached a deadlock after a reasonable period of negotiation and after mediation by the Commission (and after other settlement procedures established by the parties have been exhausted), and request the Wisconsin Employment Relations Commission to proceed, pursuant to Sec. 111.70(4)(cm)6, Wis. Stats., and conduct an investigation and certify the result thereof and determine whether arbitration should be initiated.

-
5. The parties allege the following, relevant to compliance with the requirements of Sec. 111.70(4)(cm)1, 2, 3 and 6 (first paragraph), Wis. Stats.:
- a. On _____ notice to open negotiations was served by _____
 - b. Proposals were exchanged in open meeting(s) on _____
 - c. Thereafter the parties met for the purposes of negotiations prior to mediation on _____ occasions
 - d. The parties participated in mediation meetings conducted by _____ on _____
 - e. There **(is)** **(is not)** an existing collective bargaining agreement (which expires on) _____.
 - f. Does the Labor Organization herein represent any other employes of the Municipal Employer in a separate bargaining unit? Yes ____ No ____ If so, are the parties engaged in negotiations over said separate unit(s)? Yes ____ No ____ If yes, indicate the number of meetings held _____

Dated at _____, Wisconsin, this ____ day of _____, 20 ____.

By _____
(Name of the Municipal Employer)

By _____ Title _____

Address _____

City, Zip Code _____ Phone No. _____

By _____
(Name of the Union)

By _____ Title _____

Address _____

City, Zip Code _____ Phone No. _____